



**STATE OF SOUTH CAROLINA
STATE REVOLVING FUND (SRF) PROGRAM
OFFICIAL DESIGNATION AND SIGNATURE FORM**

Project Sponsor: _____ Loan No.: _____

Project Name: _____ Date: _____

DESIGNATION OF SPONSOR REPRESENTATIVE

Pursuant to Section 1.3.2 of the Loan Agreement, the official or employee of the Project Sponsor whose name, title, and signature appears below is designated for purposes of submitting disbursement/draw requests, making payments on the loan and representing the Project Sponsor in all administrative matters pertaining to administration of the Loan Agreement.

Typed Name and Title

Signature

INDIVIDUALS AUTHORIZED TO SIGN DRAW REQUESTS

The officials whose names, titles and signatures appear below are designated and empowered to execute all documents concerning the preparation and submission of Draw Requests for loan proceeds from the State Revolving Fund to the South Carolina Budget and Control Board and the South Carolina Department of Health and Environmental Control, pursuant to the terms and conditions of the Loan Agreement.

Project Engineer: Typed Name and Title

Signature

Sponsor Representative: Typed Name and Title

Signature

AUTHORITY FOR DESIGNATIONS

I certify that the above identified individuals have been authorized to carry out the designated responsibilities and I further certify that the above signatures are of the individuals so authorized.

Name and Title of Authorizing Official

Official's Signature

*Submit an original to DHEC and to the Budget and Control Board at:
SCDHEC, Water Facilities Permitting Division, SRF Section, 2600 Bull Street, Columbia, SC 29201
SCBCB, Office of Local Government, Loan Administration Coordinator
1122 Lady Street, Suite 1080, Columbia, SC 29201*